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PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **PB515P1C1**
First Inventor **Gil H. Choi**
Title **37 Staphylococcus Aureus Genes and Polypeptides**
Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) (in duplicate)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 174]
4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets
5. ☒ Executed Declaration [Total Pages: 2]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in
the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76. [2 Pages]

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)
8. ☒ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☒ paper (55 pages)
 - c. ☒ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet and document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement/ Form PTO/SB/08
☐ Copies of Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(should be specifically itemized)
15. ☐ Certified copy of Priority Document(s)
(if foreign priority is claimed)
16. ☒ Other: Request Under 37 C.F.R. 1.821(e); serial number
postcard (2);

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No: 10/084,205

Prior application information: Examiner N/A Group/Art Unit: N/A

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 22195 or ☐ Correspondence address below

NAME

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CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE

FAX

NAME (Print/Type)

Lin J. Hymel

Registration No. (Attorney/Agent)

45,414

SIGNATURE

Lin J. Hymel

Date November 14, 2003

Burden Hour Statement: this form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2004				Complete if Known			
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number		To Be Assigned	
				Filing Date		November 14, 2003	
				First Named Inventor		Gil H. Choi	
				Examiner Name		Unknown	
				Art Unit		Unknown	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		PB515P1C1	
TOTAL AMOUNT OF PAYMENT (\$)				960.00			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																																	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.																																																					
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																					
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Lin J. Hymel	Registration No. (Attorney/Agent)	45,414
Signature		Telephone	(301) 251-6015
		Date	November 14, 2003